**Affiliated Person / Non-Employee ID Request Form**

Do Not Use This Form for Adjunct Appointments

Affiliated Person or Non-Employee that come to work at UNCG are not immediately eligible for various campus resources. In order to establish eligibility, The Department of Human Resources must collect information about the person and campus assignment to ensure he or she is classified correctly with the university. Once the appropriate classification is assigned in Banner HR, proper communication will be provided to the affiliated department relevant to the request. **It is incumbent upon the affiliate department to contact the appropriate campus resource providers to conclude the request.** The affiliated department must complete and FAX the department approved form to Human Resources.The original form must be retained on file by the affiliated department.

**Early Termination: If the affiliated person leaves the University or relationship with the University prior to the stated end date, the affiliated department must complete and submit this form to terminate account and system resource authorization.** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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| **Section 1: Affiliated Person Information** (List Full Name) | | | | | | | | | | | | | | | | | | | |
| **First** | | | | **Middle** | | | | | | **Last** | | | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | | | |
| **Birth Date** (mm/dd/yyyy) | | | |  | | | | | | **Gender** | | | | | Male  Female | | | | |
| **Does named person have prior relationship with UNCG (i.e. employee, student, vendor)?** | | | | | | | | | | | | | | Yes No | | | | | |
| **If yes, list assigned University ID#:** | | | |  | | | | **If no, list last 4-digits of social security number:** | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Section 2: Affiliated Person Employment Information** | | | | | | | | | | | | | | | | | | | |
| **Affiliated UNCG Department - Org Name** | | | | | | **Affiliated UNCG Department - Org Number** | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |
| **Affiliated Person Campus Address** | | | | | | **Affiliated Person Contact Phone Number**  ***Do not use Departmental Contact phone number*** | | | | | | | | **Affiliated Person Email Address**  ***Do not use Departmental Contact/UNCG email address*** | | | | | |
|  | | | | | |  | | | | | | |  | | | | | | |
| **Justification for Resource** (Do not provide if requesting “early termination” of affiliated persons authorization) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Summary of Duties** (Do not provide if requesting “early termination” of affiliated persons authorization) | | | | | | | | | | | | | | | | | | | |
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| **Section 3: Period of Authorization / Notice of Early Termination**  Authorization is granted for a maximum term up to one (1) year from the desired start date. Renewal authorization is not automatic. The affiliated department must submit a new resource request form to renew the affiliated person’s authorization before the end date of the stated period. | | | | | | | | | | | | | | | | | | | |
| **Desired Start Date** |  | | | | | | | **End Date** | | | |  | | | | | | | |
| **Is this a renewal request?** | | YesNo | | | | | | | | | | | | | | | | | |
| **Early Termination of Affiliated Persons Authorization** | | | | | | | Yes No | | | | **Effective Termination Date** | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **Section 4: Departmental Contact Information** | | | | | | | | | | | | | | | | | | | |
| **Department Contact** | | | | | **Phone Number** | | | | | **Fax Number** | | | | | | **Email Address** | | | |
|  | | | | |  | | | | |  | | | | | |  | | | |
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| **Section 5: Approvals** | | | **Printed Name** | | | | | | **Signature** | | | | | | | | **Date** | | |
| **Department Contact:** | | |  | | | | | |  | | | | | | | |  | | |
| **Department Head:** | | |  | | | | | |  | | | | | | | |  | | |

**-------------------------------------------------------HR USE ONLY---------------------------------------------------------------**

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| **Banner Record Created/Updated** | **HR Data Processor - Printed Name** | **Date Entered in Banner** | **Assigned Banner ID Number** |
| **Created**  **Renewal** |  |  |  |
| **Date Department Contacted w/ID number** | **/**  **EML**  **FAX** | **HR Checker’s Initial/Date** | / |

**FAX completed form to Human Resources at 336.334.5585**

**Instructions: Affiliated Person / Non-Employee ID Request Form**

**Section 1: Affiliated Person Information (List Full Name)**

* **First, Middle, Last:**  List the full legal name of the affiliated person for establishment or verification of a University identification number.
* **Birth Date:** List month, day and full year date of birth for the affiliated person.
* **Gender:** Check Male or Female to identify the gender of the affiliated person.
* **Does named person have a prior relationship with UNCG as an employee, vendor, accounts payable, student, etc.)?**
  + If yes, the department must list the university identification number assigned to the named person.
  + If no, the department must list the last 4-digits of the named person social security number.

**Section 2: Affiliated Person Employment Information**

* **Affiliated UNCG Department – Org Name:** List the organization name of the sponsoring department for the affiliated person.
* **Affiliated UNCG Department – Org Number:** List the organization number of the sponsoring department for the affiliated person.
* **Affiliated Person Campus Address:** List the campus (office) address where the affiliated person will be located. If a non-UNCG location, list the sponsoring/affiliated department’s campus address.
* **Affiliated Person Campus Phone Number:** List the campus telephone number for the affiliated person.
* **Affiliated Person Email Address:** List a trusted email address for the affiliated person.
* **Justification for Resource:** Provide a brief statement that outlines the purpose for the relationship with the affiliated person and need to acquire campus resources.
* **Summary of Duties:** Provide a list of duties or functional tasks the affiliated person will complete while working at/with UNCG.

**Section 3: Period of Authorization / Notice of Early Termination**

* **Desired Start Date:** List the start date you desire the affiliated person to begin the work relationship with UNCG.
* **End Date:** Specify the date the named person’s relationship with UNCG will end as an affiliated person. This date will also be the date university account(s) and system access(es) are turned off.
* **Early Termination of Affiliated Persons Authorization:** Check yes or no, if the request form is to terminate the relationship/system accounts of the affiliated person with the University earlier than the initial end date requested.
* **Effective Termination Date:** List the date for early termination of the affiliated person relationship with the university or as an affiliated person.

**Section 4: Affiliated Department Contact Information**

* **Department Contact:** List the name of the department representative for HR to contact with any questions or to confirm the process is completed.
* **Contact Phone Number:** List the office telephone number for the department contact. Fax number only applicable if sponsoring department request a copy of the processed form.
* **Contact Fax Number:** List the office fax number for the department contact.
* **Contact Email Address:** List the UNCG email address for the department contact. HR will send an email to the department contact confirming the completion of the affiliated person’s setup along with the university identification number.

**Section 5: Approvals**

* **Affiliated Department Rep:** Printed Name, signature and today’s date of the department representative completing the affiliated person request form to confirm accuracy of information listed on the form for final signature authorization by the department head and processing by Human Resources.
* **Affiliated Department Head:** Printed Name, signature and today’s date of the department head approving the affiliated person request for the sponsoring department and for Human Resources to complete the process.